

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)**  
**DOMESTIC VIOLENCE ASSISTANCE PROGRAM**  
**PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

1. **GRANT AWARD NUMBER:** DV09121657      **DATE OF SITE VIST:** 04/05/10 - 04/06/10
2. **GRANT PERIOD:** July 1, 2009- June 30, 2010
3. **RECIPIENT/IMPLEMENTING AGENCY:** Plumas Rural Services
4. **PROJECT DIRECTOR:** Paula Johnston

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**PERSONS INTERVIEWED DURING SITE VISIT:**

| <u><b>NAME</b></u>  | <u><b>TITLE</b></u>            | <u><b>AGENCY</b></u>  |
|---------------------|--------------------------------|-----------------------|
| Delicia Martinettie | Training & Outreach Specialist | Plumas Rural Services |
| Stacy Berrie        | Client Services Specialist     | Plumas Rural Services |
| Paula Johnston      | Chief Operating Officer        | Plumas Rural Services |
| Debbie Shirk        | Fiscal Coordinator             | Plumas Rural Services |

\_\_\_\_\_  
Signature of Program Specialist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Section Chief

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Project Representative

\_\_\_\_\_  
Date

**PERFORMANCE ASSESSMENT/SITE VISIT REPORT**

|                                 |                   |                  |                   |
|---------------------------------|-------------------|------------------|-------------------|
| <b>A. ADMINISTRATIVE REVIEW</b> | <b><u>YES</u></b> | <b><u>NO</u></b> | <b><u>N/A</u></b> |
|---------------------------------|-------------------|------------------|-------------------|

**1. OPERATIONAL DOCUMENTS**

Review hard copy/verify the ability to access on line:

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| • The Cal EMA Recipient Handbook (R.H.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • The Approved Grant Award Agreement   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • The RFA/RFP (supersedes the requirement of the R.H.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • The Program Guidelines (supersedes the requirement of the R.H.)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget,<br>OMB Circulars which govern your organization? Circulars may be<br>found at <a href="http://www.whitehouse.gov/omb/circulars">www.whitehouse.gov/omb/circulars</a> . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Comments:

**2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATION (CBO ) &  
AMERICAN INDIAN ORGANIZATIONS ONLY**

- |  |                                     |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
| • Obtain copy of required Fidelity Bond Certificate? <i>[R.H. Section 2161]</i> Does <u>not</u> apply to state, city, or county units of government. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Does the certificate show:   |                                     |                                     |                          |
| ○ Bonding company name   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| ○ Bond number  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| ○ Description of coverage  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| ○ Amount of coverage (50% of allocation)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| ○ Bond period  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| ○ Grant award number   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ○ Employee Dishonesty, Form A  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| ○ Forgery Coverage, Form B   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| ○ Is the State of California, California Emergency<br>Management Agency named on the bond as the beneficiary?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Comments:

**3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)**

- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| • Does the project have their CEQA documentation on file? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|

Comments:

**4. PROOF OF AUTHORITY (R.H. Section 1350)**

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| • Does the project have a written authorization/resolution on file as<br>required by the Grant Award Agreement? *Ask for copy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

**5. ORGANIZATIONAL CHART**

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

| A. ADMINISTRATIVE REVIEW  | YES                                 | NO                                  | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| <ul style="list-style-type: none"> <li>Review the organizational chart. Are all budgeted positions identified?</li> </ul>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:   |                                     |                                     |                          |
| <b>6. <u>Cal EMA MODIFICATION (Cal EMA 2-223)</u></b>   |                                     |                                     |                          |
| <ul style="list-style-type: none"> <li>Review the purpose/preparation of Grant Award Modification (Cal EMA 2-223). <i>[R. H. Section 7500] (Instruct the project staff on the procedure to obtain the most recent forms from Cal EMA website.)</i></li> </ul>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| A modification is needed for the following:   |                                     |                                     |                          |
| <ul style="list-style-type: none"> <li>Budget changes</li> <li>Change in key personnel</li> <li>Adding/changing additional signers</li> <li>Change goals/objectives, or activities</li> <li>Address change</li> <li>Other</li> </ul>  |                                     |                                     |                          |
| Comments:   |                                     |                                     |                          |
| <b>7. <u>PERSONNEL POLICIES</u></b>   |                                     |                                     |                          |
| <ul style="list-style-type: none"> <li>Does the project staff have access to written personnel policies as required? <i>[R. H. Section 2130]</i></li> </ul>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>Do policies include:                             <ul style="list-style-type: none"> <li>Maintenance of personnel files for all paid and volunteer staff including job applications, salaries, benefits, and current job duties/descriptions</li> <li>A current Drug Free Workplace policy statement on file signed by the employee? <i>[R. H. Section 2152]</i></li> <li>Work hours</li> <li>Compensation rates</li> <li>Overtime</li> </ul> </li> </ul> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>Did the Board approve the agency's current personnel policy?</li> </ul>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:   |                                     |                                     |                          |
| <b>8. <u>FUNCTIONAL TIMESHEETS</u></b>  |                                     |                                     |                          |
| <ul style="list-style-type: none"> <li>Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? <i>[R. H. Section 11331]</i></li> </ul>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>Are timesheets (paid staff &amp; volunteer) signed by staff &amp; approved by supervisor? (Review timesheets to ensure they are signed by the staff and supervisor)</li> </ul>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments:   |                                     |                                     |                          |

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### A. ADMINISTRATIVE REVIEW

YES NO N/A

#### 9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction?

☒ ☐ ☐

  - Name of individual who approves purchases.  
Debbie Shirk
  - Name of individual who writes checks.  
PRS financial clerks (non-grant funded agency staff)
  - Name of individual(s) who signs checks.  
Paula Johnston

Comments: The DV section functions as an entity within the agency. The checks are written by the financial clerks for the agency. They are generated within the section by the FO and then signed by the COO.

#### 10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

- Does the project maintain a record-keeping system which will accurately support costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)?

☒ ☐ ☐
- Does the project maintain an accurate inventory log of equipment purchased with grant funds?

☐ ☒ ☐

Comments: The agency uses MIP- nonprofit accounting software. The agency also maintains an inventory log of equipment purchased with grant funds. However, this log contains equipment that may or may not be in use currently. The RH was not followed for the replacement of equipment that was purchased, and consequently the agency does not know which equipment has been phased out and which still is in use (The equipment in the log was for a computer system that would, if purchased today, be considered an operating cost. The items on the log included the monitor, desk chair, etc.)

#### 11. PROJECT EXPENDITURES

- Is the project's expenditure rate commensurate with the elapsed period of the grant?

☒ ☐ ☐
- Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement?

☒ ☐ ☐
- Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?

☒ ☐ ☐
- Is the project up-to-date with the submission of Cal EMA Form 2-201?

☒ ☐ ☐

Comments: A Modification may be submitted (as discussed) to move funding for the purpose of purchasing a shelter van for the transportation of clients.

#### 12. MATCH REQUIREMENTS

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

| <b>A.</b> | <b>ADMINISTRATIVE REVIEW</b>   | <b><u>YES</u></b>                   | <b><u>NO</u></b>         | <b><u>N/A</u></b>        |
|-----------|--|-------------------------------------|--------------------------|--------------------------|
|           | • Does the project have a match requirement?                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|           | • Is the project meeting the match requirement?                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|           | • Review the supporting documentation to substantiate cash or in-kind match. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: Match is from an in-kind donation. Volunteers are trained by the agency and then used to staff the hotline, which is administered and run through another nonprofit agency. Calls from this hotline go directly to the client services advocates from the hotline. The volunteer hours are donated by the other non-profit to Plumas Rural Services. Each month, a record of the total volunteer hours for the month are sent to PRS accounting for the purposes of submitting the 201s. The non-profit administering the shelter hotline is also in a contractual agreement with PRS for services rendered in Sierra County. This contract includes the exchanging of funds. It is unclear which services are covered by the funds of the contract as opposed to the services that are donated to PRS. Match cannot be substantiated without further clarification.

### 13. EEO POLICY

- Go over EEO checklist. (Separate document) ☒ ☐ ☐

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### B. PROGRAMMATIC REVIEW

YES NO N/A

#### GENERAL

##### 1. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program goals and objectives? ☐ ☒ ☐
- Does the project staff need to submit Cal EMA Form 2-223 to modify their grant objectives? ☐ ☒ ☐

Comments: The Project is currently far below the projected quarterly average for several goals. However, the project has passed the seven month limit for modifying goals. The cause of the lower than projected numbers will be explained in the final progress report in detail, but is mostly based on funding cuts that took place after the initial projection was made.

##### 2. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements. ☒ ☐ ☐

Comments:

##### 3. SOURCE DOCUMENTATION – Programmatic

- Is the project maintaining a record keeping and data collection process that will accurately support the project's reported data on the Progress Report form? ☐ ☒ ☐
- Review the project's file system and data collection process.

Comments: The project lacks written protocols for the collection and reporting of data. The project currently does not have a database, and is tabulating all data by physically counting source data.

##### 4. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement (three years in length)? ☒ ☐ ☐

Comments: OAs are up to date. However, the OA with the DA's Victim Witness Program seems to need revision as the terms of the OA are allowing for the VW Program to circumvent the expertise of the DV Program in responding to calls from hospitals and law enforcement. This situation is currently being addressed by the agencies involved and is being rectified.

##### 5. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement? ☒ ☐ ☐

**PERFORMANCE ASSESSMENT/SITE VISIT REPORT**

| <b>B.</b> | <b>PROGRAMMATIC REVIEW</b> | <b><u>YES</u></b> | <b><u>NO</u></b> | <b><u>N/A</u></b> |
|-----------|----------------------------|-------------------|------------------|-------------------|
|-----------|----------------------------|-------------------|------------------|-------------------|

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

| C. SUBLEMENTAL PROGRAMMATIC REVIEW | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|------------------------------------|------------|-----------|------------|
|------------------------------------|------------|-----------|------------|

### DIRECT SERVICES

**1. Maintain 24-hour crisis hotline**

- |  |                                     |                                     |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| • Crisis line staffed 24 hours a day, 7 days a week.                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • Documentation procedures ensure accurate statistical data on progress report (PR). | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Comments: See notes on lack of written protocols for the collection of data.

**2. Counseling to adult DV victims**

- |   |                                     |                                     |                                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| • Free individual and group counseling provided to adult DV victims.    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • If counseling referred, OA on file with service providers.            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • Documentation procedures ensure accurate statistical data on PR.      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Comments: See notes on lack of written protocols for the collection of data.

**3. Business Center**

- |   |                                     |                                     |                                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| • Business center open during routine business hours.                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • Staff coverage provided during lunchtime and staff meetings.          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • Documentation procedures ensure accurate statistical data on PR.      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Comments: See notes on lack of written protocols for the collection of data.

**4. Emergency Shelter**

- |   |                                     |                                     |                                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| • Physical shelter exists   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • Emergency shelter provided to DV victims and their children 24 hours per day. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • Victims and children with disabilities accommodated.                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • Children's services provided.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • Accommodations for schooling made while children are in shelter.              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • Written protocol for reporting suspected child abuse in place.                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • Documentation procedures ensure accurate statistical data on PR.              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Comments: See notes on lack of written protocols for the collection of data.

**5. Emergency food and/or clothing**

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| • Emergency food and/or clothing provided to DV victims and their children. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

| C. SUBLEMENTAL PROGRAMMATIC REVIEW   | <u>YES</u>                          | <u>NO</u>                           | <u>N/A</u>                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| <ul style="list-style-type: none"> <li>• If emergency food and/or clothing is referred, OA on file with service providers.</li> </ul>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <ul style="list-style-type: none"> <li>• Documentation procedures ensure accurate statistical data on PR.</li> </ul>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <ul style="list-style-type: none"> <li>• Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.</li> </ul>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <p>Comments: See notes on lack of written protocols for the collection of data. Clothing needs are sometimes met through vouchers to a thrift store. Food needs are sometimes met through referrals to the food bank. No Operational Agreements are on file with these agencies.</p> |                                     |                                     |                                     |
| <p>6. 24 hour emergency response to Law Enforcement (LE)</p>   |                                     |                                     |                                     |
| <ul style="list-style-type: none"> <li>• Written protocol in place to address LE referrals.</li> </ul>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <ul style="list-style-type: none"> <li>• Current OA on file with local LE.</li> </ul>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <ul style="list-style-type: none"> <li>• Documentation procedures ensure accurate statistical data on PR.</li> </ul>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <ul style="list-style-type: none"> <li>• Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.</li> </ul>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <p>Comments: See notes on lack of written protocols for the collection of data.</p>  |                                     |                                     |                                     |
| <p>7. 24 hour response to hospital emergency rooms</p>   |                                     |                                     |                                     |
| <ul style="list-style-type: none"> <li>• Written protocol in place to address emergency room referrals.</li> </ul>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <ul style="list-style-type: none"> <li>• Current OA on file with local emergency rooms.</li> </ul>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <ul style="list-style-type: none"> <li>• Documentation procedures ensure accurate statistical data on PR.</li> </ul>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <ul style="list-style-type: none"> <li>• Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.</li> </ul>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <p>Comments: See notes on lack of written protocols for the collection of data.</p>  |                                     |                                     |                                     |
| <p>8. 24 hour transportation to shelter or other safe location</p>   |                                     |                                     |                                     |
| <ul style="list-style-type: none"> <li>• Emergency transportation provided 24/7 to shelter to other safe location.</li> </ul>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <ul style="list-style-type: none"> <li>• Documentation procedures ensure accurate statistical data on PR.</li> </ul>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <ul style="list-style-type: none"> <li>• Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.</li> </ul>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <p>Comments: See notes on lack of written protocols for the collection of data.</p>  |                                     |                                     |                                     |
| <p>9. Counseling to children of DV victims</p>   |                                     |                                     |                                     |
| <ul style="list-style-type: none"> <li>• Free, age-appropriate counseling provided to children of DV victims.</li> </ul>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <ul style="list-style-type: none"> <li>• If counseling is referred, OA on file with service providers.</li> </ul>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <ul style="list-style-type: none"> <li>• Documentation procedures ensure accurate statistical data on PR.</li> </ul>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <ul style="list-style-type: none"> <li>• Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.</li> </ul>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <p>Comments: See notes on lack of written protocols for the collection of data.</p>  |                                     |                                     |                                     |

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

| C. SUBLEMENTAL PROGRAMMATIC REVIEW   | <u>YES</u>                          | <u>NO</u>                           | <u>N/A</u>                          |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>10. Court and Social Service Advocacy for DV victims</b>  |                                     |                                     |                                     |
| • Victim advocacy to social services agencies provided.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • Court accompaniment provided.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • Documentation procedures ensure accurate statistical data on PR.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Comments: See notes on lack of written protocols for the collection of data.   |                                     |                                     |                                     |
| <b>11. Legal Assistance</b>  |                                     |                                     |                                     |
| • Legal assistance with TRO's and other protective and/or custody orders.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • If legal assistance is referred, OA on file with service providers.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Documentation procedures ensure accurate statistical data on PR.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Comments: See notes on lack of written protocols for the collection of data. Legal referrals have been made to local attorneys. Finding legal help has been a challenge for the agency. Currently, no OA is on file with a local attorney, as no local attorney has been willing to work with the agency consistently. |                                     |                                     |                                     |
| <b>12. Local community services</b>  |                                     |                                     |                                     |
| • Involvement in local DV Council or other collaborative partnerships.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • Referrals made to other agencies in the DV services network.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • Documentation procedures ensure accurate statistical data on PR.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Comments: See notes on lack of written protocols for the collection of data.   |                                     |                                     |                                     |
| <b>13. Household establishment</b>   |                                     |                                     |                                     |
| • DV victims receive assistance establishing a new residence.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| • If household establishment assistance is referred, OA on file with service providers.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Documentation procedures ensure accurate statistical data on PR.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Comments: See notes on lack of written protocols for the collection of data. Some household establishment needs are met by inter-agency emails requesting goods that are needed. Some needs are met through free web based resources.  |                                     |                                     |                                     |

### 40-HOUR TRAINING

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. Can the project ensure advocates working with victims meet the requirements of a "domestic violence counselor" pursuant to | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

| C. | SUBLEMENTAL PROGRAMMATIC REVIEW | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|----|---------------------------------|------------|-----------|------------|
|----|---------------------------------|------------|-----------|------------|

Evidence Code §1037.1(a)(1)?

Comments:

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 2. Does the project have a current Training Summary/Training Syllabus which meets the requirements of Training Curriculum Resource and Development Guide? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

### ADDITIONAL REQUIREMENTS

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. Do the written policies pertaining to the provision of all services are inclusive of all domestic violence victims and their children per the RFA. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 2. Does the project provide alternative shelter and other services through motel vouchers and referrals, to the best of their abilities, to all victims of domestic violence served through this program per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 3. Does the project have a children's program in their shelter facility per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 4. Does the project make arrangements for school aged children to continue their education during their stay at the shelter per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 5. Does the project have a documented policy for the handling and storage of confidential client information per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 6. Does the project have adequate policy and procedures, approved by the Board of Directors, to protect the agency from legal liability, including: |                                     |                          |                          |
| • Up to date bylaws which specify minimum/maximum number of, and formal process for selecting, members of the Board of Directors;                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Up to date personnel policies which include grievance procedures, leave policies, work hour and benefit policies, regular staff                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PERFORMANCE ASSESSMENT/SITE VISIT REPORT**

| <b>C.</b> | <b>SUBLEMENTAL PROGRAMMATIC REVIEW</b> | <b><u>YES</u></b> | <b><u>NO</u></b> | <b><u>N/A</u></b> |
|-----------|--|-------------------|------------------|-------------------|
|-----------|--|-------------------|------------------|-------------------|

evaluations, and policies for setting salaries and increases.

Comments:

| C. | SUBLEMENTAL PROGRAMMATIC REVIEW | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|----|---------------------------------|------------|-----------|------------|
|----|---------------------------------|------------|-----------|------------|

NOTES:

California Emergency Management Agency  
**EEO CHECKLIST - B**

|   |
|---|
| <b>For Federally Funded CBOs and All State Funded Recipients (Monitoring/Site Visits)</b> |
|---|

|                                |  |
|--------------------------------|--|
| <b>RECIPIENT(s):</b>           | <u>Plumas Rural Services</u>             |
| <b>IMPLEMENTING AGENCY:</b>    | <u>Plumas Rural Services</u>             |
| <b>GRANT AWARD #(s):</b>       | <u>DV09121657</u>                        |
| <b>FEDERAL \$:</b>             | <u>\$147,435</u>                         |
| <b>STATE \$:</b>               | <u>\$184,968</u>                         |
| <b>CONTACT PERSON AT SITE:</b> | <u>Paula Johnston</u>                    |
| <b>TELEPHONE #:</b>            | <u>530-283-3611</u>                      |
| <b>E-MAIL ADDRESS:</b>         | <u>pjohnston@plumasruralservices.org</u> |

State funded recipients, Community Based Organizations (CBOs), Indian Tribes and Educational/Medical Institutions are exempt from the U.S. Department of Justice requirement of developing an EEOP. CBOs however are monitored by the U.S. Department of Health and Human Services in EEO compliance matters.

All California Emergency Management Agency (CalEMA) recipients, regardless of the type of entity or the amount awarded, are subject to the prohibitions against discrimination in any program or activity and may be required by CalEMA or the U.S. Department of Justice, through selected compliance reviews, to submit data to ensure their services are delivered in an equitable manner to all segments of the service population and their employment practices comply with civil rights requirements.

The following is to assure that CalEMA recipients receiving State and Federal financial assistance are in compliance with civil rights requirements. Please verify that the following EEO documents are available at the site/monitoring visit. If they are not available, please note on this checklist and forward to the EEO Office.

**California Emergency Management Agency**

# EEO CHECKLIST - B

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <p><b>1. EEO POLICY</b> - A current Equal Employment Opportunity Policy Statement. The statement should specifically state that the agency is an equal opportunity employer and does not discriminate on the basis of race, color, religious creed, ancestry, national origin, age, sex (including pregnancy, childbirth or related medical conditions), marital status, sexual orientation (heterosexuality, homosexuality and bisexuality), medical condition (cancer and genetic characteristics), or disability (medical and physical, including HIV and AIDS), and denial of family medical care leave and pregnancy leave. Additionally, this policy must also apply to deliveries of services to clients and volunteers. This policy must be posted in a prominent place accessible to employees, applicants and clients.</p> <p>YES     <input checked="" type="checkbox"/>     (Request a copy of the policy and indicate if has been issued to staff.)</p> <p>NO      <input type="checkbox"/>      (Provide attachment 1B)</p> |
| <input type="checkbox"/> | <p><b>2. SEXUAL HARASSMENT POLICY</b> - A current policy specifically stating all employees have a right to work in an environment free from all forms of discrimination, including sexual harassment, retaliation and hostile work environment.</p> <p>YES     <input checked="" type="checkbox"/>     (Request a copy of the policy.)</p> <p>NO      <input type="checkbox"/>      (Provide attachment 2B)</p>  |
| <input type="checkbox"/> | <p><b>3. DISCRIMINATION COMPLAINT PROCEDURE</b> - Has the recipient adopted a discrimination complaint procedure for filing complaints, both for their employees, volunteers and clients?</p> <p>YES     <input checked="" type="checkbox"/>     (Request a copy of the procedure.)</p> <p>NO      <input type="checkbox"/>      (Provide attachment 3B)</p>  |
| <input type="checkbox"/> | <p><b>4. NONDISCRIMINATION POSTER</b> - The CA Department of Fair Employment and Housing (DFEH) poster entitled "Harassment or Discrimination in Employment is Prohibited by Law" must be posted in a conspicuous location accessible to employees and applicants for employment.</p> <p>YES     <input checked="" type="checkbox"/></p> <p>NO      <input type="checkbox"/>      (Provide attachment 4A)</p>   |
| <input type="checkbox"/> | <p><b>5. PUBLICATIONS</b> – Does the recruitment materials or publications include a policy statement of nondiscrimination for participants, beneficiaries, applicants, or employees?</p> <p>YES     <input type="checkbox"/>     (Request copy of document)</p> <p>NO      <input checked="" type="checkbox"/></p>   |
| <input type="checkbox"/> | <p><b>6. COORDINATOR</b> - Has the recipient identified a person responsible for coordinating complaints?</p> <p><b>NAME:</b>     Paula Johnston</p> <p><b>TITLE:</b>     Chief Operating Officer</p> <p><b>PHONE:</b>   530-283-3611     <b>E-MAIL:</b>   <u>pjohnston@plumasruralservices.org</u></p>   |

# California Emergency Management Agency

## EEO CHECKLIST - B

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>7. FINDINGS OF DISCRIMINATION</b> – Has the agency had any findings of discrimination issued in the last five years by the Agency, Federal/State Court, or Federal/State administrative agency (i.e. Equal Employment Opportunity Commission (EEOC), California Department of Fair Employment and Housing (DFEH), etc.).<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |
| <input type="checkbox"/> | <b>8. ALLEGATIONS OF DISCRIMINATION</b> – Has the agency been made aware of any current allegations of discrimination within the (last 2 years) originating from an employee, volunteer or client?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |
| <input type="checkbox"/> | <b>9. DISSEMINATION of the Equal Employee Opportunity Plan and the Equal Employment Opportunity Policy</b> - A plan to disseminate the EEO Plan and the EEO Policy to all employees, volunteers, clients and to the general public.<br>YES <input type="checkbox"/> (Request a copy) NO <input checked="" type="checkbox"/> (provide attachment 10A)  |
| <input type="checkbox"/> | <b>10. LIMITED ENGLISH PROFICIENCY (LEP)*</b> – Has the recipient taken reasonable steps to ensure meaningful access to their programs, services, and information on the services the recipient provides, free of charge? Additionally, has the recipient established and implemented policies and procedures for language assistance services that provide LEP persons with meaningful access, i.e. oral interpretation services, bilingual staff, telephone interpreter lines, written language services, community volunteers, etc.<br>YES <input type="checkbox"/> (Request a copy) NO <input checked="" type="checkbox"/> (provide attachment 11A) |

\*Persons who do not speak English as their primary language and who have limited ability to read, speak, write, or understand English can be limited English proficient (LEP).

I hereby certify this EEO Checklist is accurate and complete to the best of my knowledge.

**PROGRAM SPECIALIST NAME:** Jason Stalder

**PROGRAM SPECIALIST TELEPHONE:** 916-324-9104

**DATE:** 4/7/10

### **COMMENTS:**

The Equal Employee Opportunity Plan is in the Employee Handbook and is disseminated to employees. It is not disseminated to the volunteers, clients, or the general public. The agency also currently lacks a policy for dealing with those in need of accommodation and those with limited English proficiency.

Upon completion, please send a copy of this checklist to Lisa Abila, EEO Compliance Officer, CalEMA Headquarters.